

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: Lori: Re Agnes Hajek

Division/Unit: Adult and Older Adult Mental Health

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	600	X	\$18.04	=	\$10,824.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Variety of administrative work, including assisting with monitoring of contracted programs and monitoring of program outcomes.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

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- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

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d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>0</u>	<u>600</u>	<u>\$10,824</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

<b>TOTALS:</b>	<b>0</b>	<b>Total Hours</b>	<b>600</b>	<b>Total Value</b>	<b>\$10,824.00</b>
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

**TOTAL VALUE = \$0.00**

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours      45                      X      37.96

**\$1,708.20**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours                              X      Rate

**\$0.00**

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : Computer, phone, misc supplies Cost: \$2,500.00

Item : \_\_\_\_\_ Cost: \_\_\_\_\_

Item : \_\_\_\_\_ Cost: \_\_\_\_\_

TOTAL OF OTHER PROGRAM COSTS =

**\$2,500.00**

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

**\$4,208.20**

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a Total Dollar Benefits of Volunteers, Item 2d **\$10,824.00**

b. Total of Donations to Volunteer Program, Item 3 **\$0.00**

c. Subtract Total of program Costs, Item 4d **\$4,208.20**

**TOTAL PROGRAM BENEFIT:**

**\$6,615.80**

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**6. RECRUITING:**

Please describe your recruiting programs:

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**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

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**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

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**9. GENERAL INFORMATION:**


Name of person completing report: \_\_\_\_\_

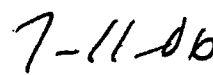
Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**10. DEPARTMENT CERTIFICATION:**

  
\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

  
\_\_\_\_\_  
DATE

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